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Navy & Marine Corps Medical News
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Navy and Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy medical department. Information contained in MEDNEWS stories is not necessarily endorsed by Navy Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

The BUMED distributes MEDNEWS to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. Further distribution is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Stories:

Headline: Short supply forces anthrax vaccination slowdown
By Rudi Williams, American Forces Press Service

WASHINGT0N - DoD's dwindling supply of anthrax vaccine has forced a temporary slowdown in inoculations, except to those personnel serving or about to serve in high-threat areas of Southwest Asia and South Korea, defense officials said during a July 11 Pentagon press conference.
www.defenselink.mil/news/Jul2000/t07112000_t0711asd.html.

Marine Corps Maj. Gen. Randy L. West, senior adviser to the deputy secretary of defense for chemical and biological protection, told reporters DoD has only about 160,000 doses of the vaccine on hand. He said DoD is trying to avoid suspending or shutting down the anthrax inoculation program.

What's left of the vaccine is being largely reserved for

the 10,000 DoD people "with boots on the ground" in Southwest Asia and 37,000 in South Korea, said Dr. J. Jarrett Clinton, first assistant to the assistant secretary of defense for health affairs.

For the time being, most personnel in those areas who have begun the six-shot series will stop the inoculations if they rotate out. West said DoD guidance allows for local commanders' discretion, so, for instance, rotating soldiers might still get shots because the 10-dose vaccine vials can only be used or discarded once opened.

So far, 455,378 people have started vaccinations and have received a total of about 1.8 million shots. Some 56,725 have received all six shots, West said. During the slowdown, dosing will fall from about 75,000 vaccinations monthly to around 14,000. At that rate, DoD has enough vaccine to last up to 10 months, he estimated.

The mandatory six shots provide full protection as required by the FDA, West noted. He pointed out that receiving fewer than six shots causes no damage or harm to individuals, but does mean they lack the additional immunity protection provided by the complete series.

Clinton said the first three shots are given in two-week intervals and the last three, six months apart. An annual booster shot keeps troops fully protected. Although a person gains some protection by the second or third shot, it takes the full six for full, sustained immunity, he said.

Persons who have started the series but not finished will only need to pick up where they left off once their vaccinations resume, Clinton said. That's the guidance, he said, of the Centers for Disease Control's expert Advisory Committee for Immunization Practices.

West attributed the slowdown to the inability of the sole contractor, Bioport of Lansing, Mich., to gain Food and Drug Administration approval for its production facility. He said immunizations will resume at full speed when the FDA approves and certifies a sufficient supply of vaccine as safe and effective, but he emphasized Bioport's own timetable doesn't call for its new vaccine to be available before the end of the year.

"We're disappointed because we wish we were vaccinating the whole force now. We're running about a year behind our planned schedule in this program," West said.

"When we began the program, there was an existing supply and there was one company that had a license," he noted. "In retrospect, I wish that we would have immediately advertised for a second source. We did not. We recently have." BioPort will cooperate with that second-source contractor, he said, and the FDA says that company could earn certification in two to four years.

He said Britain and Russia have anthrax vaccines, but neither has FDA approval. The British vaccine is similar to the U.S. vaccine, but also in limited supply, and DoD has no interest in the Russians' live-bacteria vaccine, West noted.

He said intelligence reports indicate that the threat has

increased since the anthrax vaccination program started in 1998. "There has also been an increase in the number of both state actors and nonstate actors that have done things that have prompted our intelligence committee to believe they are trying to obtain the capability (for biological weapons)."

But, West emphasized, "We're less at risk than we were in 1998, because we have more than 455,000 people that have some protection and 56,725 are fully protected. But we're less protected than we want to be."

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Headline: Navy dental team provides humanitarian assistance
By Air Force Capt. Denise N. Shorb U.S. Support Group East Timor

DILI, East Timor - Two dentists and three dental technicians from 3rd Dental Battalion, Okinawa, Japan, provided dental services to the people of Dili and surrounding villages June 19-29.

The Dental Civil Action Program team saw more than 400 patients as one of the U.S. rotational presence units conducting humanitarian assistance projects, coordinated by U.S. Support Group East Timor (USGET).

"These people haven’t had any kind of dental hygiene care or educational programs," said Lt. Cmdr. Jorge Graziani, DC.

"There’s a general lack of knowledge about how and why you should care for your teeth. They don’t use toothbrushes and toothpaste, and they chew on nuts that discolor their teeth," Graziani added.

Accustomed to the conveniences of home, the team had several obstacles to overcome, including a language barrier. At one of the clinics they did not have a translator and had to rely on hand and face gestures.

"People would come in and point to the tooth that hurt them. It was hard to explain to the patient that sometimes more teeth than just the one that hurt had to come out," said Graziani.

Another problem was with the electricity, or rather the lack of it. The instruments and equipped had a larger electrical current than the clinic at Bairo Pite Medical Clinic could support, so a generator was brought in.

"Even then, we didn’t have enough power to work both the sterilizer and the dental lamps, so we used flashlights instead of the lamps," said DT1 Paul Johnson.

In Ermera, there was no power available at all, so instruments were sterilized the old-fashioned way - with boiling water.

"We’ve only touched the tip of the needs here in East Timor," said Capt. Gary Prose, DC. "We’ve taken care of an immediate need on a small part of the population."

"People need to be made aware of proper dental hygiene," said Graziani.

To assist the learning process, the team provided 25 dental textbooks at the Bairo Pite medical clinic. They also gave lectures on personal and oral hygiene at the schools in Ermera.

This naval dental team was the second to visit East Timor

with USGET. The first, an Air Force team, came through in April, and the USS FRANK CABLE (AS 40), a Navy submarine tender, provided additional dental assistance during their visit here in May.

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Headline: Hands-on trauma training a plus for the Navy
By JO2 Michael Howlett, Naval Hospital Bremerton

BREMERTON, Wash. - The medical staff at Naval Hospital Bremerton is experiencing real life trauma through the collaboration efforts of the hospital and the largest civilian trauma center in the Northwest.

Harborview Medical Center, Seattle, has an extensive outreach education program that hosts people from all over the region to do training, normally through observation. Since the military members are federally licensed, they are practicing vice shadowing the Harborview staff. In an exchange program, NH Bremerton staff perform training rotations at the medical center.

"Our goal is to give our people a chance to experience a steady flow of trauma patients first-hand," said Cmdr. Dennis Jepsen, NC, head of emergency department. "It gives us the chance to train and enhance our skills that we wouldn't have the opportunity for here at the hospital."

This unique program combines civilian and military training techniques. It opens the door to increasing the effectiveness of training for Navy service members and helps to avoid cost by localizing advanced training rather than send service members cross-country for schools. The program also strengthens military ties with the local community by working together at the civilian hospitals.

"Basically, we get the chance to provide continued training for our people, and Harborview gets some free help," said Cmdr. Karen McNamara, NC, head of staff education and training.

The Navy staff has few guidelines and limitations as part of the exchange. They must review a video explaining Harborview's procedure for immobilizing people with suspected spinal injuries. They are not allowed to provide blood transfusions to patients, and they aren't expected to do all of the paperwork involved with patient care.

The Navy staff will work in different areas of Harborview based on their specialties. In the future, service members will do rotations in the operating room, intensive care unit, and the hospital wards.

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Headline: Medical Enlisted Commissioning Program board to convene

Applications are being accepted for the FY-01 Medical Enlisted Commissioning Program (MECP).

The MECP selection board will convene 11 Dec 00. Submit applications to Commander, Navy Personnel Command (Pers-811), 5720 Integrity Drive Millington, Tenn. 38055-8110, postmarked no later than October 1, 2000. All supplemental information must

be postmarked no later than November 1, 2000, and must be sent via the applicant's commanding officer.

A waiver of eligibility requirement will be granted for commissioning age of up to 40 years on a case by case basis. No other waivers will be considered.

MECP applicants must have applied for admission to a nationally accredited school of nursing and must include, in their MECP application, an approved plan of study that demonstrates they can complete their program in 36 months or less. Those students who are selected for the MECP must submit their letters of acceptance to a qualified school of nursing to the Naval School Of Health Sciences, Code-0E, Bethesda, Md. 20889-5022 no later than March 15, 2001. Applicants no longer require a letter of acceptance to a nursing school in order to apply for MECP.

A routine HIV and drug screening within 18 months of October 1,2000 is required on the SF-88 (report of medical examination).

A list of applications received will be posted on the BUPERS homepage (www.bupers.navy.mil) under the PERS code icons: click on PERS-8, 81, in-service procurement branch, and MECP.

For additional information contact Capt. Judy Logeman, NC or HM2(FMF) Jeremy Wilkinson at 703-693-2324.

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Headline: Seeking award winning dental reservists

Commander Naval Reserve Force is requesting submissions to recognize outstanding performance of dental reservists in the dental community in support of active and reserve components for the annual Rear Adm. William J. H. Vaughn Memorial Awards.

Naval reserve dental units, naval reserve dental officers 0-5 and below, and naval reserve dental technicians E-6 and below are eligible to be nominated, provided the individuals and units were not award recipients within the preceding two years and three years, respectively.

The submission deadline is October 31, 2000. All commands are encouraged to submit nominations to COMNAVRESFOR (N01M), 4400 Dauphine Street, New Orleans, La 70146.

For additional information call HMCM Victor C. Harshbarger at (504)678-1084; DSN 678-1084.

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Headline: 'All in the family'- serving and promoting together

By JO1 Maria Christina Mercado, NH Pensacola Public Affairs

PENSACOLA, Fla. - It's been said a family that plays together, stays together. In some cases, they advance together too. That was the case recently when two generations of the Navy’s medical community were promoted together.

Father, Capt. Graeme Browne, MC, commanding officer of Fleet Hospital Minneapolis, and son, HM3 Damon Brown assigned to Naval Hospital Pensacola, were promoted to their current ranks in a joint ceremony at Naval Pensacola June 23.

"We found out, about the same time, that we had been promoted. So, we thought it would be fun to do this together,"

said HM3 Browne.

After being promoted to the rank of captain, his wife and son replaced the shoulder boards on his uniform.

"I am extremely proud of both of them," said Margaret Browne, wife and mother. "The opportunity to come here and do this has been great. It really strengthens the bond between father and son."

Capt. Browne frocked his son after he was promoted. "I had the pleasure three and a half years ago to enlist my son into the Navy, and it is with great pride I promote him to petty officer today," said Capt. Browne during his son's frocking ceremony.

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Headline: TRICARE question and answer

Question: How do we obtain emergency care under TRICARE? And does the copayment increase for the emergency room?

Answer: Any eligible beneficiary should access the nearest emergency room of any military or civilian hospital for true emergencies regardless of which TRICARE option you use.

There are no out-of-pocket costs for any care received at a military hospital, including emergency room care. The out-of-pocket costs for care received at a civilian emergency room for families of E-4 and below enrolled in Prime is $10. For families of E-5 and above and retirees and their families the copay for an emergency room visit is $30. This single payment, $10 or $30, includes all emergency room services provided in conjunction with the visit. For those who have chosen to remain in TRICARE Standard or use the TRICARE Extra program, their regular deductibles and copayments apply.

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Headline: Healthwatch: Dietary Supplements - things to consider
By LT Mike Prevost, PhD, Aeromedical Safety Officer, Marine Aircraft Group 39

Camp Pendleton, Calif. - According to the Dietary Supplement, Health and Education Act (DSHEA), dietary supplements are products (other than tobacco) intended to supplement the diet. They are products that bear or contain one or more of the following dietary ingredients: a vitamin, a mineral, an herb or other botanical, an amino acid, a dietary substance for use by man to supplement the diet by increasing the total daily intake, or a concentrate, metabolite, constituent, extract, or combinations of these ingredients. In addition the product must also be labeled "dietary supplement".

The intent of the DSHEA was to make a wide variety of safe and effectively labeled products readily available to consumers.

But according to official definition almost any substance can be considered a dietary supplement by simply marketing it as a supplement (if it is not already marketed as a drug).

Under the DSHEA it is a manufacturer's responsibility to ensure that its products are safe and properly labeled prior to marketing.

The FDA does not approve or disapprove new supplements,

which allows manufacturers to bypass the extensive studies required to establish effectiveness and safety prior to the release of a new drug.

Clinicians, health care providers and health care educators are presented with a considerable dilemma when providing advice and guidance on the use of dietary supplements. Even if there is ample convincing evidence to suggest that a product is effective and safe, there is no way to guarantee the purity or accuracy of dose of the product. This makes it difficult to recommend any product.

It also creates another dilemma. If the health care system takes a negative view of dietary supplements, the patient may dismiss the health care system as a valuable source of information on dietary supplements. Instead they may choose more biased, misleading or inaccurate sources of information. It is difficult for health care professionals to compete against slick advertisements promising very attractive benefits.

The problem is compounded by the fact that the "quick fix" promised by supplement manufacturers is often much more attractive than the alternatives provided by health care professionals (i.e. exercise, diet, surgery, medications, lifestyle modifications).

Health care professionals must be willing to talk to patients about dietary supplements so they will not seek out alternate sources to gather information, which may be biased, misleading and inaccurate.

A proactive approach will be more successful than a reactive approach. Discussing the effectiveness and safety of some of the more popular products pertaining to the patients' particular situation, for example obesity and weight loss. The health care professional might also discuss common advertising gimmicks and perhaps point out some examples of misleading advertisements so that the patient is made fully aware of products.

There are four major negative consequences that health care professionals should consider before providing guidance or advice on the use of dietary supplements:

- Almost any substance can be marketed as a dietary supplement.
- The FDA does not test dietary supplements for safety prior to sale.
- The FDA does not routinely test dietary supplements for purity or accuracy of dose prior to sale.
- Manufacturers can make nutritional support claims without substantial scientific evidence.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, at email: mednews@us.med.navy.mil telephone 202/762-3218, (DSN) 762, or fax 202/762-3224.

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